ILLINOIS WORKERS' COMPENSATION COMMISSION COMMISSION REVIEW BOARD COMPLAINT FORM

ATTENTION. Please type or print.

Signature	Name (printed)	Date
	g below, you authorize the IWCC to acces	tion of a personal nature from the files of individuals as any and all records that relate to this complaint.
Briefly explain your complaint:		
Employer's name	Street address	City, State, Zip code
Date of birth	Email address	Last 4 digits of SSN or Alien Reg
Petitioner's name	Street address	City, State, Zip code
Employer/Respondent		
v.		
Employee/Petitioner		
		Case # WC

ICCRB 4/22

Web site: www.iwcc.il.gov